



Mediation Request Form

For Office Use Only

Case No.: _____

Caseworker: _____

Date Received: _____

Mediation Deadline: _____

Outcome: ☐ Settled (attach agreement)

☐ Impasse

Initiator:

Name Student I.D. (if applicable)

Affiliation: ☐ Student ☐ Faculty ☐ Staff ☐ Other _____

Current Mailing Address City State Zip

Permanent Home Address City State Zip

Home Phone Work Phone Cell Phone Email

The person named above hereby requests the mediation services of the Utah Valley University Office of Student Conduct & Conflict Resolution with the following person:

Other Party:

Name Student I.D. (if applicable)

Affiliation: ☐ Student ☐ Faculty ☐ Staff ☐ Other _____

Current Mailing Address City State Zip

Permanent Home Address City State Zip

Home Phone Work Phone Cell Phone Email

Please attach the following:

- ☐ Information regarding any special accommodations needed for mediation.
- ☐ An attached description of the issues to be discussed during the mediation process.
- ☐ A copy of any contracts and other documents relevant to this matter.

Submitted to SL 201 by:

Signature Date